

RECEIVED

RECELVE:

APR 1 3 2011

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

Maine Ethics Commission

## 2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 18, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION	
Name Seth Bern	Office: Senate
Mailing address 1245 River RV.	District 67
City, zip code Bow Soinhan ME 04008	Phone 522 - 1609
PART 1. INCOME DERIVED FROM EMPLOYMENT BY AND	OTHER
List the name and address of each employer from whom you received compensation of \$1,000 economic activity of each employer.	or more. Specify the principal type of
None	
Name of Employer Address	Principal Type of Economic Activity of Employer
State of Main - legislature Pursusta MP DY	1332 Garanut
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAV	V PRACTICE
A. List the name and address of your business or law firm, if any, and list the major areas of econoderived income. If associated with a partnership, firm, professional association, or similar business activity or practice of that entity.	
None	
Name and Address of Business Entity or Law Firm  Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name:	
Address:	
Name:	
Address:	•

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT
B. List each source of income derived from self-employment or law practice that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.
Principal Type of Economic Name and Address of Source Activity of Entity or Person Who is the Source of the Income
Name: Address:
Name: Address:
PART 3. OTHER SOURCES OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include gifts or honoraria. If none, check the box./
None Kind of Income
Name and Address of Source (investments, leases, etc.)
Name:
. Address:
Name: Address:
Name:
Address:
PART 4. REPORTABLE LIABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans from a relative, or business loans from regulated financial institutions. If none, check the box.
None
Principal Type of Economic Name and Address of Creditor Activity of Creditor
Name:
Address:
Name:
Address:
PART 5. REPORTABLE GIFTS
List the specific source of gifts received during the reporting period with an aggregate value of more than \$300. If none, check the box.
None
Name of Source of Gift  1. Name of Source of Gift  3.
2.

ŧ

	P/	RT 6. REPORT	TABLE HO	NORARIA			
List the source of any honorar	ria accepted for appe	arances or speech	hes. If none	, check the b	OX.		
None		or a singer a managang sing kina pangang nagang		**************************************		· · · · · · · · · · · · · · · · · · ·	
Name of S	Source of Honoraria	Maramahadaran perindak manaman da kerindak	and in the second secon	Na	me of Sour	ce of Honorari	
1.	***	and the second s	3.				
2.		nikkelisisisisisisisisisisisisisisisisisisis	4.			and the second s	
	PART 7. REI	PRESENTATIO	N BEFORI	STATE A	SENCIES		
List each executive branch ag	gency before which y	ou represented o	r assisted o	thers for com	pensation c	of any amount	. If none, check t
box.	Эдингринический порту выводника стору протого в регод работах солотиваний по		. The summary construction on the summary of the su		Signatur of the College of the Colle	***************************************	
					nieni yani ayenganan aranganan ay		
Parti	ne of Agency				Name of	Agency	
1.	No. 2		3.				
2.			4.				11 1
List each executive branch ag \$1,000 during the reporting pe	gency to which you o		our immedia	ite family solo	d goods or s		
 Nam	e of Agency		n Arzanteau		Name of	Agency	
1.		<u> Para Samuela, mentengan panggan pang</u>	3.	uniterated in the second secon	**************************************	The second secon	
2.			4.	Berkert des Minister und des Anderson des An	MATERIAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDR	anno Affiliani (1986) The more dee and a septiment and an	Angentry opperation and the control of the control
List the type of economic active dependent child(ren) during the of \$1,000 or more, list his or he not include gifts.	e reporting period an	h source of income the kind of income List only the job t	ne of \$1,000 me represe title of deper	or more rec nted. If your ndent childrer	eived by yo spouse or on who receiv	ur spouse or Iomestic partn	ner received incom
Name of Spouse or Domes	stic Partner and Job		presenting	onomic Activi Source of Inc ceived		Kind	of Income
Name:		1.	y kiggyangtima digumma wa Pangi nghi i Pilantiga naguga	uklidasse sikili asu miliania suomassa suoma tu V	- 1	**************************************	adichamanimi an Citare (in eu cula mina anima
Job Title:		3.			; 2 3		
Dependent Child(rer	n) - Job Titles Only						
lob Title:	distributes and the second	uder and an entire property of the second se	- Control of Control o	Pattalului vii ka kaliikalii ka	edicipità produtti cipita edicipita comi	iliser validetali <del>i katalise</del> ttii kataliise etekinisteen katalide oo	ääkkokkumen meesen as fundiskalvissenant ääkasi <mark>kke</mark> stuuri. Turentaansis
Job Title:	ALTERNATION AND ADMINISTRATION ADMINISTRATION AND A		00000000000000000000000000000000000000		Accordance Andrews And		Participants of the second of
Job Title:	entellamment versup School (2000 metry 1, 2004) virus Collection (enterlamine enterlamine enterlamine enterlamine)		,	**************************************			#2************************************

PART 10. OFFICER OR DIRECTOR POSITIONS								
List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.								
None	Principal and Control of the Control							
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?				
		Select <b>sel</b> +		Select				
United Way Success by Six Courcil	member			no				
		Select S		Select				
Midcoast ACCESS Health (Healthy ME Patneship	) member	<b>70</b>		NO				
		Select		Select				
Maine Childrens' Growth	menby	self		NO				
Council	• International Control of the Control of Co	Committee and the second		til allmunning vorum				
(2) は対した状況の対象がありました。これが変化を確認し、計して必要な、ご覧を決定している。これが変化を確認し、計して必要ない、計算に決定している。	SIGNATURE	The state of the s						
A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)								
The intentional filing of a false statement is a Class E cri	me. If the Commiss	sion concludes that	it appears that a					
willfully filed a false statement, it shall refer its findings of	fact to the Attorney	General. (1 M.R.S	S.A. § 1019)					
		j						
John Kand	*	4/	1/11					
Signature								
ADDITIONAL INFORMATION  Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.								
Part/Section Number								
AC, Inc., Bowdoin MF: Humane (IACUC) aresignt books								
				:				